

from the date funds are received. Applicant agrees that if the funds are not used for the above stated purpose, or the funds are not used within six months,

Approved By

the funds will be returned to the gaming organization.

Request is: Approved Denied

Amount Requested

Organization		

3FN 9801 (3-04)					
Legal Name of Organization or Individual Applying For Funds	Contact Person for Applicant			Daytime Phone Number	
Mailing Address	City	State		Zip Code	
Detailed Description of Intended Use of Gaming Funds:					
Applicant agrees to retain documentation of the use of the funds for three years	Signature of Applican	t		Date	
from the date funds are received. Applicant agrees that if the funds are not used for the above stated purpose, or the funds are not used within six months, the funds will be returned to the gaming organization.					
Amount Requested Request is: Approved Approved By	Amount Approved \$	Check Number	Check Date	Eligible Use Code —	
According to N.D.A.C. § 99-01.3-14-01(9), if the applicant is a charitable organized evidence that it has a charitable solicitations license required by North Displayers.	anization, professional akota Century Code C	fundraiser, or prohapter 50-22. Atta	ofessional soli ch a copy of th	citor, the applicant must e license to this form.	
APPLICATION FOR GAMING FUNDS OFFICE OF ATTORNEY GENERAL SFN 9801 (3-04)	S Organ	nization			
Q Vor (6	<u> </u>				
Legal Name of Organization or Individual Applying For Funds	Contact Person for Applicant		Daytime Phone Number		
Mailing Address	City	State		Zip Code	
Detailed Description of Intended Use of Gaming Funds:			<u> </u>		
Applicant agrees to retain documentation of the use of the funds for three years	Signature of Applican	t	T	Date	

According to N.D.A.C. § 99-01.3-14-01(9), if the applicant is a charitable organization, professional fundraiser, or professional solicitor, the applicant must provide evidence that it has a charitable solicitations license required by North Dakota Century Code Chapter 50-22. Attach a copy of the license to this form.

Amount Approved

Check Number

Check Date

Eligible Use Code